



# WORKING TOGETHER TO ACHIEVE STUDENT SUCCESS

## Certificate of Completion

ACTIVITY TITLE

**Exceptional Children  
NC Department of Public Instruction**

NAME OF AGENCY/DIVISION

**William J. Hussey**

ACTIVITY COORDINATOR

PARTICIPANT

DATE(S)

UNIT(S) OF CREDIT/CONTACT HOURS

**(919) 807-3969**

TELEPHONE NUMBER

**This educator has satisfactorily completed all requirements for this activity.**

State Superintendent, Department of Public Instruction

Chairman, State Board of Education

Director, Exceptional Children  
Chair, 64th Conference on Exceptional Children



**PUBLIC SCHOOLS OF NORTH CAROLINA**

State Board of Education | Department of Public Instruction :: Exceptional Children Division